



**BIODYNAMIC
CRANIOSACRAL
THERAPY
ASSOCIATION
OF NORTH AMERICA**

RCST® Membership:

An Allied member shall be any person: with an interest in Biodynamic Craniosacral Therapy, professional or otherwise; a student or graduate of any form of cranial sacral therapy; a member of the general public. An Allied member shall not be entitled to a vote but will receive copy of our Cranial Wave publication in electronic form.

Please return this completed form to:

BCTA/NA
11006 Connally Lane
Raleigh, NC 27614
Phone: 239-206-6078
BCTA@adminetcetera.com

Please allow 2-4 weeks for processing

BCTA/NA Allied Application/Renewal Form

This form should be used for New or Renewing Allied Members

Contact Information to be used by organization:

FIRST NAME* Mi LAST NAME*

ADDRESS*

CITY* STATE/PROVINCE* ZIP/POSTAL CODE*

EMAIL*

PHONE NUMBER* DATE*

**Denotes required information to be processed*

Are you a New or Renewing Allied Member:

New Renewing

Allied Application/Renewal Fee is \$50.00 USD

Payment Information:

Amount Enclosed: \$ _____

Money Order/Check# _____ (Make checks payable to BCTA/NA)

Credit Card: Visa MasterCard

CREDIT CARD NUMBER

CREDIT CARD EXPIRATION DATE

THREE DIGIT CODE

PRINT NAME AS IT APPEARS ON CREDIT CARD

SIGNATURE (By signing you authorize the above amount to be charged on this credit card)

Please answer the question below:

I authorize BCTA/NA to provide all communication for official organizational business to me via email (I authorize paperless communication).

Yes No

Please note that you will need to submit an Annual Renewal Form with your Renewal Fee each year by May 31st.
